WYUMING COUNTY COMMUNITY HOSPITAL

Case No. 26269

PERSONAL HISTORY

Room No.

April 7, 1947 Date: Dr. Klostermyer/Burgeon

Ref. Dr._Bone

NAME

ADDRESS

,Geneseo, NY

Final Diagnosis

700974

Cushing's syndrome (pituitary basophilism) (adrenal cortical hyperfunction)

SNOP CODED

MAR 8 1977

EXPIRED

ADMITTED: April 7, 1947

DISCHARGED: April 29, 1947

AGE 20

SEX F

S.M.W.D. S

Race W

OCCUPATION

Chief Complaint:

Weakness, nausea and womiting.

Present Illness:

The patient states that she was apparently normal in weight and development until the age of 13, at which time she started to notice sudden severe increase in weight with the appearance of "marked" over the abdomen and peculiar disposition of an excessive amount of fat in the abdomen around the pelvic girdle. She states that her menses started at the age of 13, and that during that year, there were six scanty periods. Since then, she has not menstruated. Conditions persisted along with the weakness, easy fatiguability and back pains. The last few years, she has noted severe headaches and her eyesight has diminished, requiring a bilateral iridectomy for, apparently, glaucoma. She states that she never had any pain in her eyes; her eyes blurred and around lights there appeared halos. In the last few months, she has noticed black and blue spots over the body. She denies that the adipose tissue over the body was ever painful. There is polydypsia, and polyuria which is present now. She states that she has had occasional tarry stool, one today and a few times previously. At the onset of her illness, she noticed that her hair becoming more coarse, development of hair on the face appeared. She has been studied repeatedly at Strong Memorial Hospital, at which time bilateral surgical exploration of the renal areas was performed and results have not been obtained to date. states that she has never had any treatment with x-rays.

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CHR RECORDS

Approved and Signed by:

R.R.-35

PHYSICAL EXAMINATION

Provisional Diagnosis

General Condition:

Patient is an extremely obese girl with coarse hair, flushed and plethoric appearance to the face. Distribution of fatty tissue is confined to the thorax and abdomen, and pelvic area. is a large hottentot apron effect of the adipose tissue. Over the thorax and abdomen, there are numerous large brownish-red stria.

Head:

Suggestion of frontal prominence.

Face is covered tith a marked growth of hair.

Eyes - mucous membranes are of normal color: sclera clear: bilateral iridectomies are present; grossly, the vascular fields on the right seem to be contracted in both upper quadrants; on the left, superior temporal field is contracted; eye grounds appear essentially normal on the right except there is some blurring of the disc in the lesser field; left side reveals a very indistinct optic disc with apparent degenerative changes in the tissue surroudning it; there are numerous small dark pigmented areas in the periphery of the retina; this is interpreted as well advanced optic and retinal

atrophy.

Ears, nose - negative. Throat - slight injection; tongue is of normal size; does not seem dehydrated; it is moist; the epiglottis is easily seen and there is a small area of hemorrhage

on the anterior surface.

Neck:

Essentially negative.

Chest:

Lack of breast tissue; there is an ecchymotic spot an the left upper anterior chest wall; it is not tender; the adipose tissue around the mammary region is slightly

tender to palpation.

Heart & Lungs:

Seem to be negative; there seems to be an accentuation in the heart tones to the left of the sternum at the

base of the heart. Blood pressure 210/120.

Examined	by:					
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PHYSICAL EXAMINATION

Provisional Diagnosis

General Condition:

continued

Abdomen:

Aside from the extreme adiposity and ecchymotic area to the left below the umbilicus, shows no abnormalities; no organs can be palpated; there is a male distribution of several hair, femoral pulsations are palpated. Upon sitting up in bed, there is a slight kyphosis noted to the spine, although there is no tenderness over the vertebra. Above the creasts of the ilia, there are bilateral, very indistinct scars of the previous operations

She complains of tenderness upon pressure over the sacral

Extremities:

regions.
Reflexes are present. Skin of the extremities is generally mottled grey, partially cyanotic mottling; there are numerous ecchymotic and pigmented areas over both extremities, pigmented areas generally being confined to site or old injury.

Pelvic & Rectal: Not performed.

Examined by: